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909 7590 09/13/2007

PILLSBURY WINTHROP SHAW PITTMAN, LLP
 Eric S. Cherry - Docketing Supervisor
 P.O. BOX 10500
 MCLEAN, VA 22102

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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---|------------------|
| 10/705,218 | 11/12/2003 | Keith Frank Best | 081468-0306625 11/30/2007 AWONDAF2 00000120 033975 | 4107 10705218 |

TITLE OF INVENTION: ALTERNATE SIDE LITHOGRAPHIC SUBSTRATE IMAGING

01 FC:1501 1440.00 DA
 02 FC:1524 300.00 DA
 03 FC:0031 15.00 DA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 12/13/2007 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| CHACKO DAVIS, DABORAH | 1756 | 430-022000 | | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PILLSBURY WINTHROP

2 SHAW PITTMAN LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ASML Netherlands B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Veldhoven, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date November 29, 2007

Typed or printed name _____

Christopher F. Lair

Registration No. 54248

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